

ATTACHMENT B

**FY07 Monitoring Tool
Section for Disease Control and
Environmental Epidemiology**

Agency _____

Date _____

SDCEE Staff _____

LPHA Staff _____

Administrative Review

☐ **Yes**

☐ **No**

Communicable Disease and Environmental Monitoring Tool

4.2.1 Flagged	There is evidence that the LPHA has collaborated with communities to develop and implement local and statewide emergency response plans and training exercises for natural and man-made disasters. Emergency response plans and training exercises are to address the mobilization of resources. The local community's Emergency Response Plan shall clearly identify the roles of the contractor.
<div style="text-align: center; margin-bottom: 10px;">Y N</div> <div style="margin-bottom: 10px;">1. <input type="checkbox"/> <input type="checkbox"/> The LPHA has collaborated with communities to develop and implement an emergency response plan and training exercises.</div> 2. <input type="checkbox"/> <input type="checkbox"/> The role of the LPHA is clearly identified in the community's Emergency Response Plan.	
Notes:	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
4.2.2 Flagged	There is evidence to verify that each professional staff member performing duties related to Environmental Public Health, Communicable Disease Prevention, Veterinary Public Health, Tuberculosis, Immunizations, Nutritional Health, or Chronic Disease Prevention/Health Promotion has participated in at least one training/educational activity in the past 24 months to maintain expertise appropriate to his/her level of responsibility and has current references available.
<div style="text-align: center; margin-bottom: 10px;">Y N</div> <div style="margin-bottom: 10px;">3. <input type="checkbox"/> <input type="checkbox"/> All staff performing disease investigation and/or environmental health duties has attended training and/or an educational activity within the previous twenty-four (24) months.</div> 4. <input type="checkbox"/> <input type="checkbox"/> Environmental Health Operational Guidelines (EHOG) and Communicable Disease Investigation Reference Manual (CDIRM) are available/present; American Public Health Association Control of Communicable Diseases Manual and American Academy of Pediatrics "Red Book" are available and current.	
Notes:	
	Monitor in 1 st quarter and as deemed appropriate.
4.2.3A Flagged	There is a system in place to routinely inspect and provide appropriate follow up of regulated facilities. Regulated facilities include, but are not limited to, restaurants, cafeterias, catering operations, convenience stores, taverns, bakeries, delicatessens, meat markets, meat cutting operations, senior citizen centers, retail grocery stores, salvage operations, food pantries, food processing, and lodging establishments. Inspections shall conform to the guidance available in the EHOG, state statutes, rules and/or local ordinances as recognized by the Department.

	<p>Y N</p> <p>5. <input type="checkbox"/> <input type="checkbox"/> A plan, policy or local ordinance is in place that provides guidance for conducting routine and follow up inspections of regulated facilities.</p> <p>6. <input type="checkbox"/> <input type="checkbox"/> All regulated facilities are identified and included in plan, policy or local ordinance.</p> <p>7. <input type="checkbox"/> <input type="checkbox"/> The plan, policy or local ordinance used to conduct inspections is equal to or more stringent than the EHOOG and/or appropriate state statutes and rules.</p> <p>8. <input type="checkbox"/> <input type="checkbox"/> The plan, policy or local ordinance is being implemented.</p>
Notes:	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
4.2.3A1 Flagged	There is evidence to verify that education/consultative activities have been provided to regulated facilities, their employees, and the public. The LPHA shall maintain documentation of such activities.
<input type="checkbox"/>	<p>Y N</p> <p>9. <input type="checkbox"/> <input type="checkbox"/> Evidence exists of education/consultative activities provided to regulated facilities and to their employees.</p> <p>10. <input type="checkbox"/> <input type="checkbox"/> Evidence exists of education/consultative activities provided to the public.</p>
Notes:	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
4.2.3A2 Flagged	There is evidence to verify that the owners/operators and employees of regulated facilities have been informed of regulation/policy changes that impact their operations.
<input type="checkbox"/>	<p>Y N</p> <p>11. <input type="checkbox"/> <input type="checkbox"/> Evidence exists of regulated facilities being notified of revisions to regulations and/or policies that impact their operations.</p>
Notes:	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
4.2.3B Flagged	There is evidence to verify that the LPHA appropriately responded and provided follow up to situations where the safety of food, drugs, or water were suspect; including fires, floods, and transportation accidents where embargo and/or voluntary or mandatory destruction might have been necessary. In addition, there is evidence of the timely removal of any unsafe food, drugs, or water from commerce (embargo).
<input type="checkbox"/>	<p>Y N</p> <p>12. <input type="checkbox"/> <input type="checkbox"/> Evidence exists of appropriate response and follow up to emergencies.</p> <p>13. <input type="checkbox"/> <input type="checkbox"/> Embargoes are implemented when necessary.</p> <p>14. <input type="checkbox"/> <input type="checkbox"/> Unsafe food, drugs and water removed from commerce in a timely manner.</p>

Notes	
	Monitor in 1 st quarter or as deemed appropriate.
4.2.3C Flagged	There is evidence to verify the appropriate response/investigation to complaints related to sewage disposal, regulated facilities, food, water or drugs.
<input type="checkbox"/>	<p>Y N</p> <p>15. <input type="checkbox"/> <input type="checkbox"/> Complaints related to sewage disposal, regulated facilities, food, drugs or water are being investigated in a timely manner.</p> <p>16. <input type="checkbox"/> <input type="checkbox"/> Response to complaints are documented and maintained.</p> <p>17. <input type="checkbox"/> <input type="checkbox"/> Response to complaints in accordance with EHOG.</p>
Notes	
	Monitor 1 st quarter and when appropriate based on last review.
4.2.3D Flagged	There is evidence to verify staff who are responsible for environmental public health activities, receive an orientation to environmental public health activities in Missouri within twelve (12) months of their hire date.
<input type="checkbox"/>	<p>Y N</p> <p>18. <input type="checkbox"/> <input type="checkbox"/> New employee attended orientation within twelve (12) months of their hire date.</p>
Notes	<p>Name of Employee: _____ Date Hired: ____/____/____</p> <p>Name of Employee: _____ Date Hired: ____/____/____</p>
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
4.2.4A Flagged	There is a system in place to routinely conduct disease surveillance, provide disease investigation, prevention/control activities and transmit information on reportable diseases/conditions, as defined in 19 CSR 20-20.020. The system shall conform to the guidance available in the CDIRM, state statutes, rules, most recent national guidelines and/or local ordinances as recognized by the Department.
<input type="checkbox"/>	<p>Y N</p> <p>19. <input type="checkbox"/> <input type="checkbox"/> A system is in place for conducting routine disease surveillance.</p> <p>20. <input type="checkbox"/> <input type="checkbox"/> The system conforms to the guidance available in the CDIRM, state statutes, rules, most recent national guidelines and/or local ordinances as recognized by the Department.</p> <p>21. <input type="checkbox"/> <input type="checkbox"/> Evidence of monthly analysis of data; reports of communicable and environmental diseases are reviewed and analyzed to detect clusters and trends; extraordinary incidences have been noted and appropriate public health response implemented.</p> <p>22. <input type="checkbox"/> <input type="checkbox"/> Evidence of appropriately conducted disease investigations for reportable diseases, as defined in 19 CSR 20-20.020.</p> <p>23. <input type="checkbox"/> <input type="checkbox"/> All cases have been reported to the Department.</p>

Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
4.2.4B Flagged	There is evidence to verify that the LPHA has performed epidemiological investigations on known/suspect disease cases and outbreaks in the community. Recommendations for control measures and interventions shall be communicated to local health care providers, the affected group/community, and the Department.
<input type="checkbox"/>	<p>Y N</p> <p>24. <input type="checkbox"/> <input type="checkbox"/> Evidence exists that appropriate epidemiological investigation occurred on known/suspect disease cases.</p> <p>25. <input type="checkbox"/> <input type="checkbox"/> Evidence of appropriate recommendations for control measures and interventions were communicated to the local health care providers, affected group/community and Department.</p> <p>26. <input type="checkbox"/> <input type="checkbox"/> The LPHA has submitted all initial outbreak summary reports to the Department within twenty-four (24) hours.</p> <p>27. <input type="checkbox"/> <input type="checkbox"/> The LPHA has submitted final summary reports to the Department within ninety (90) days of identification (diagnosis) of the last case.</p>
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
4.2.4C Flagged	There is evidence to verify that the LPHA has entered data, accurately and promptly, on reportable communicable diseases and conditions that are currently available in the Missouri Health Surveillance Information System (MOHSIS) application. This includes the Web applications for latent tuberculosis infection and the aggregate reporting systems for varicella and influenza.
<input type="checkbox"/>	<p>Y N</p> <p>28. <input type="checkbox"/> <input type="checkbox"/> No evidence exists of a backlog of cases to be entered into MOHSIS or Web applications.</p> <p>29. <input type="checkbox"/> <input type="checkbox"/> All cases have appropriate and accurate diagnostic, treatment, condition, and status information entered into MOHSIS.</p> <p>30. <input type="checkbox"/> <input type="checkbox"/> All cases have appropriate and timely resolution.</p> <p>31. <input type="checkbox"/> <input type="checkbox"/> A system is in place to ensure the prompt referral of cases not belonging to the receiving jurisdiction.</p>
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
4.2.4D Flagged	There is evidence to verify that the LPHA has an internal evaluation process in place to monitor and assure that investigation, prevention and control activities for communicable disease and other preventable conditions are being appropriately implemented.

<input type="checkbox"/>	<p>Y N</p> <p>32. <input type="checkbox"/> <input type="checkbox"/> A system is in place to internally monitor and assure investigation; prevention and intervention efforts are being implemented.</p>
Notes	
	Monitor 1 st quarter or as deemed appropriate.
4.2.4E Flagged	There is evidence to verify that information and/or technical assistance has been provided to health care providers, surveillance sites, and mandated disease reporters regarding reporting requirements, methods of reporting, recognition of, and the control/prevention of communicable disease(s) and/or critical incidents.
<input type="checkbox"/>	<p>Y N</p> <p>33. <input type="checkbox"/> <input type="checkbox"/> All mandated reporters are notified of any new/updated reporting requirements.</p> <p>34. <input type="checkbox"/> <input type="checkbox"/> Surveillance sites are notified of any new/updated surveillance requirements.</p> <p>35. <input type="checkbox"/> <input type="checkbox"/> Health care providers have been notified of any changes in disease reporting requirements and appropriate responses to current diseases or conditions of public health concern.</p>
Notes	
	Monitor 1 st and 4 th quarters or as deemed appropriate.
4.2.4F Flagged	There is evidence to verify timely dissemination of public health information on community health risk and priorities to appropriate health care providers, other agencies and the public.
<input type="checkbox"/>	<p>Y N</p> <p>36. <input type="checkbox"/> <input type="checkbox"/> Evidence of timely dissemination of public health information to health care providers, other agencies and the public.</p>
Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.
4.2.4G Flagged	There is evidence to verify staff who are responsible for communicable disease activities have attended a Department approved “principles of epidemiology” course.
<input type="checkbox"/>	<p>Y N</p> <p>37. <input type="checkbox"/> <input type="checkbox"/> Communicable disease staff has attended a Department approved “principles of epidemiology” course.</p>

Notes	
	Monitor in 1 st and 4 th quarters or as deemed appropriate.

Reviewer_____

LPHA Administrator or
Designee _____

Date of Review_____